

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-879)

SERIAL NO:  
101583325

FILING DATE

APPLICATION

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	2		1			
5	1		1			
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TOTAL REQ.		1	1			
TOTAL OFT.		15	15			
TOTAL CLAIMS		6	6			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL REQ.		1	1			
TOTAL OFT.		15	15			
TOTAL CLAIMS		6	6			

BEST AVAILABLE COPY